

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH PROGRAMS & SERVICES - ENVIRONMENTAL HEALTH
CROSS-CONNECTION AND WATER POLLUTION CONTROL PROGRAM

5050 Commerce Drive, Rm 116
Baldwin Park, CA 91706
(626) 430-5290 FAX (626) 813-3025

**ATTACH 2x2
PASSPORT TYPE
PHOTO HERE**

**CERTIFIED BACKFLOW PREVENTION DEVICE TESTER
APPLICATION**

Instructions: Complete this form and attach a check or money order for \$296.00 made payable to: **LOS ANGELES COUNTY TAX COLLECTOR**. Mail to the above address. This fee entitles you to two (2) exam appointment dates. Cancellations within one week of an exam appointment will result in counting the cancellation as an exam date. There will be a 30 day waiting period between exams. Attach a recent passport portrait of the applicant.

APPLICANT INFORMATION

NAME

HOME ADDRESS

PHONE ()

CITY

ZIP

DRIVER'S LIC #

APPLICANT QUALIFICATIONS:

JOURNEYMAN PLUMBER NO.:

APPRENTICE PLUMBER ☐ YES ☐ NO

OTHER: (DESCRIBE)

APPLICANT'S STATE CONTRACTOR'S LICENSE(S) (include a photocopy of wallet card)

ENGINEERING CONTRACTOR NO.:

EXPIRATION DATE:

GENERAL CONTRACTOR NO.:

EXPIRATION DATE:

C-36 NO.:

EXPIRATION DATE:

C-____ NO.:

EXPIRATION DATE:

EMPLOYER INFORMATION

AGENCY/COMPANY NAME:

DEPARTMENT/DIVISION:

AGENCY/COMPANY ADDRESS:

CITY

ZIP

PHONE ()

EMPLOYER'S STATE CONTRACTOR'S LICENSE(S) (include a photocopy of wallet card)

ENGINEERING CONTRACTOR NO.:

EXPIRATION DATE:

GENERAL CONTRACTOR NO.:

EXPIRATION DATE:

C-36 NO.:

EXPIRATION DATE:

C-____ NO.:

EXPIRATION DATE:

I declare under penalty of perjury, that the foregoing is true and correct.

**SIGNATURE OF
APPLICANT >**

FOR DEPARTMENT HEALTH SERVICES USE ONLY

DATE RECEIVED:

TESTER NO.:

EXAM DATE:

PHL NO.: 5900-

CONTRACTOR LICENSE STATUS:

DATE CERTIFIED: